

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ANDY WHALLON FOR CONGRESS

ADDRESS (number and street)

1995 CANAL AVE

Check if different than previously reported. (ACC)

LONG BEACH

CA

90810

2. FEC IDENTIFICATION NUMBER ▼

C C00552604

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

47

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory Lucido

Signature of Treasurer Gregory Lucido

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 08 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ANDY WHALLON FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1437.00	2942.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1437.00	2842.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20044.11	52013.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	1315.51	1523.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18728.60	50489.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	48000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ANDY WHALLON FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	712.00	1512.00
(ii) Unitemized.....	725.00	1410.00
(iii) TOTAL of contributions from individuals ▶	1437.00	2922.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	20.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1437.00	2942.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	14500.00	48000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14500.00	48000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1315.51	1523.30
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.33
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17252.51	52465.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20044.11	52013.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS	250.00	250.49
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20294.11	52363.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3143.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17252.51
25. SUBTOTAL (add Line 23 and Line 24).....	20395.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20294.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101.85

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dorothy Kistler

Mailing Address 169 Granada

City Long Beach State CA Zip Code 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **212.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2014

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period
212.00
 donation

B. Full Name (Last, First, Middle Initial)
Willie A Thomas

Mailing Address 2008 Canal St

City Long Beach State CA Zip Code 90810

FEC ID number of contributing federal political committee. **C**

Name of Employer Thomas Land Clearing Company Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
500.00
 cash donation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

712.00

712.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREW WHALLON

Mailing Address 1995 CANAL AVE

City State Zip Code
LONG BEACH CA 90810

FEC ID number of contributing federal political committee. **C H4CA47069**

Name of Employer self Occupation
self Engineer/Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
17500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2014

Transaction ID : SA13A.4231

Amount of Each Receipt this Period
3000.00

Loan From Candidate

B. Full Name (Last, First, Middle Initial)
ANDREW WHALLON

Mailing Address 1995 CANAL AVE

City State Zip Code
LONG BEACH CA 90810

FEC ID number of contributing federal political committee. **C H4CA47069**

Name of Employer self Occupation
self Engineer/Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
23500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2014

Transaction ID : SA13A.4266

Amount of Each Receipt this Period
6000.00

loan form candidate

C. Full Name (Last, First, Middle Initial)
ANDREW WHALLON

Mailing Address 1995 CANAL AVE

City State Zip Code
LONG BEACH CA 90810

FEC ID number of contributing federal political committee. **C H4CA47069**

Name of Employer self Occupation
self Engineer/Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20020.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2014

Transaction ID : SA13A.4321

Amount of Each Receipt this Period
1000.00

laon from candidate

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREW WHALLON

Mailing Address 1995 CANAL AVE

City State Zip Code
LONG BEACH CA 90810

FEC ID number of contributing federal political committee. **C H4CA47069**

Name of Employer self Occupation
self Engineer/Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
27000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA13A.4308

Amount of Each Receipt this Period
 3500.00
 loan from candidate

B. Full Name (Last, First, Middle Initial)
ANDREW WHALLON

Mailing Address 1995 CANAL AVE

City State Zip Code
LONG BEACH CA 90810

FEC ID number of contributing federal political committee. **C H4CA47069**

Name of Employer self Occupation
self Engineer/Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
28000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA13A.4309

Amount of Each Receipt this Period
 1000.00
 loan form candidate

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

14500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
County of Los Angeles

Mailing Address 500 W Temple

City Los Angeles State CA Zip Code 90012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1315.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA14.4229

Amount of Each Receipt this Period
1315.51

Candidate Statement Fee Refund

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1315.51

1315.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Comerica Bank		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 1650 Ximeno Ave #100		Amount of Each Disbursement this Period 811.46 Transaction ID : SB17.4314
City Long Beach State CA Zip Code 90804	Purpose of Disbursement credit card payment 001 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47		

Full Name (Last, First, Middle Initial) B. Oakland Group CTU		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 686 S Arroyo Parkway Suite 24		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4314.0 [MEMO ITEM]
City Pasadena State CA Zip Code 91105	Purpose of Disbursement advertising 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47		

Full Name (Last, First, Middle Initial) c. Data Validation, LLC		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 75 5th St Suite 221		Amount of Each Disbursement this Period 282.12 Transaction ID : SB17.4314.1 [MEMO ITEM]
City Atlanta State GA Zip Code 30308	Purpose of Disbursement voter data 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47		

SUBTOTAL of Disbursements This Page (optional).....	811.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Orange County Registrar Recorder		Date of Disbursement MM / DD / YYYY 08 / 16 / 2014
Mailing Address 211 W Santa Ana Blvd		Amount of Each Disbursement this Period 10.34
City Santa Ana State CA Zip Code 92701	Purpose of Disbursement advertising	
Candidate Name ANDY WHALLON FOR CONGRESS		Transaction ID : SB17.4314.3 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47	Category/Type 004	

Full Name (Last, First, Middle Initial) B. Comerica Bank		Date of Disbursement MM / DD / YYYY 08 / 31 / 2014
Mailing Address 1650 Ximeno Ave #100		Amount of Each Disbursement this Period 30.84
City Long Beach State CA Zip Code 90804	Purpose of Disbursement	
Candidate Name ANDY WHALLON FOR CONGRESS		Transaction ID : SB17.4265
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47	Category/Type 001	

Full Name (Last, First, Middle Initial) c. Comerica Bank		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 1650 Ximeno Ave #100		Amount of Each Disbursement this Period 32.59
City Long Beach State CA Zip Code 90804	Purpose of Disbursement bank service charges	
Candidate Name ANDY WHALLON FOR CONGRESS		Transaction ID : SB17.4307
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	63.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Comerica Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1650 Ximeno Ave #100		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.4296
City Long Beach State CA Zip Code 90804	Purpose of Disbursement Credit card payment for Nationwide 003 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) B. Comerica Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1650 Ximeno Ave #100		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.4297
City Long Beach State CA Zip Code 90804	Purpose of Disbursement Credit card pmt for Candidate Stmt OC Registrar 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) c. Continuing the Republican Revolution		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1300 Bristol Street North Suite 100		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4310
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement Slate Mailers 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JJ Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 16737 Parkside Ave		Amount of Each Disbursement this Period 267.05 Transaction ID : SB17.4241
City Cerritos State CA Zip Code 90703	Purpose of Disbursement Remittance Envelopes 003 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) B. JJ Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 16737 Parkside Ave		Amount of Each Disbursement this Period 414.20 Transaction ID : SB17.4249
City Cerritos State CA Zip Code 90703	Purpose of Disbursement envelopes and letterhead 003 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) c. Matt Kauble		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 17602 Corto Ave		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4248
City Cerritos State CA Zip Code 90703	Purpose of Disbursement Reimbursement for recorder's fee 003 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

SUBTOTAL of Disbursements This Page (optional).....	711.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Los Angeles County Registrar Recorder		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 4716 E Ceasar Chavez Ave		Amount of Each Disbursement this Period 3700.00 Transaction ID : SB17.4258
City Los Angeles	State CA	
Zip Code 90022	Purpose of Disbursement Voter info printing	Category/ Type 004
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

Full Name (Last, First, Middle Initial) B. Stephen Metz II		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 235 R Broadway #800		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.4238
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement vidoe shoot	Category/ Type 004
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

Full Name (Last, First, Middle Initial) c. Stephen Metz II		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 235 R Broadway #800		Amount of Each Disbursement this Period 825.00 Transaction ID : SB17.4243
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement video production	Category/ Type 004
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

SUBTOTAL of Disbursements This Page (optional).....	4900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stephen Metz II		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 235 R Broadway #800		Amount of Each Disbursement this Period 525.00 Transaction ID : SB17.4257
City Long Beach State CA Zip Code 90802	Purpose of Disbursement video production Category/Type 004	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) B. Stephen Metz II		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 235 R Broadway #800		Amount of Each Disbursement this Period 615.00 Transaction ID : SB17.4264
City Long Beach State CA Zip Code 90802	Purpose of Disbursement video post production Category/Type 005	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) c. NationBuilder		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 448 S Hill Street		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.4262
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement voter data list Category/Type 003	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47		

SUBTOTAL of Disbursements This Page (optional).....	1589.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Orange County Registrar Recorder		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 211 W Santa Ana Blvd		Amount of Each Disbursement this Period 1874.00 Transaction ID : SB17.4260
City Santa Ana State CA Zip Code 92701	Purpose of Disbursement voter info printing 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) B. Orange County Registrar Recorder		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 211 W Santa Ana Blvd		Amount of Each Disbursement this Period 717.00 Transaction ID : SB17.4261
City Santa Ana State CA Zip Code 92701	Purpose of Disbursement Voter info printing 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) c. Political Data Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P.O. Box 59570		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4306
City Norwalk State CA Zip Code 90652	Purpose of Disbursement voter info data 004 Category/Type	
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 47		

SUBTOTAL of Disbursements This Page (optional).....	6091.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dan Pressburg		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 167 E South St		Amount of Each Disbursement this Period 208.82 Transaction ID : SB17.4298
City Long Beach	State CA	
Zip Code 90805	Purpose of Disbursement food and supplies for party	Category/ Type 003
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

Full Name (Last, First, Middle Initial) B. Franklin Sims		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1816 Bellflower Blvd		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4252
City Long Beach	State CA	
Zip Code 90815	Purpose of Disbursement Manager	Category/ Type 001
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

Full Name (Last, First, Middle Initial) c. Spiderfly Studios		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address P.O. Box 56822		Amount of Each Disbursement this Period 65.40 Transaction ID : SB17.4240
City Sherman Oaks	State CA	
Zip Code 91413	Purpose of Disbursement Advertising Cards	Category/ Type 004
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

SUBTOTAL of Disbursements This Page (optional).....	3274.22
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jerlene Tatum		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address P.O. Box 9652		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4301
City L ong Beach	State CA	
Zip Code 90810	Purpose of Disbursement personal assistant	Category/ Type 001
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

Full Name (Last, First, Middle Initial) B. Candace Yamagawa		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 3185 Claremore Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4237
City Long Beach	State CA	
Zip Code 90808	Purpose of Disbursement Personal Assisstant	Category/ Type 001
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

Full Name (Last, First, Middle Initial) c. Candace Yamagawa		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 3185 Claremore Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4256
City Long Beach	State CA	
Zip Code 90808	Purpose of Disbursement personal assistant	Category/ Type 001
Candidate Name ANDY WHALLON FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 47	

SUBTOTAL of Disbursements This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY WHALLON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Candace Yamagawa		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 3185 Claremore Ave		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.4295
City Long Beach State CA Zip Code 90808	Purpose of Disbursement Assistant	
Candidate Name ANDY WHALLON FOR CONGRESS		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	19790.36

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4100**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ANDREW WHALLON** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1995 CANAL AVE

City State ZIP Code
LONG BEACH CA 90810

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 02 / D 21 / Y 2014
Date Due: M / D / Y 01/01/2016
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4119**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANDREW WHALLON	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 CANAL AVE		

City	State	ZIP Code
LONG BEACH	CA	90810

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 21	Y 2014 Y	M M / D D / Y 01/01/2016 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	3000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4139**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANDREW WHALLON	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 CANAL AVE		

City	State	ZIP Code
LONG BEACH	CA	90810

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 08 / Y 2014 Y	M M / D D / Y 1/01/2016 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	3000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4154

ANDY WHALLON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ANDREW WHALLON

Primary

General

Other (specify) ▼

Mailing Address
1995 CANAL AVE

City State ZIP Code
LONG BEACH CA 90810

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 06 / 2014

M M / D D / Y Y Y Y
01/01/2016

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4155

ANDY WHALLON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ANDREW WHALLON

Primary
 General
 Other (specify) ▼

Mailing Address
1995 CANAL AVE

City State ZIP Code
LONG BEACH CA 90810

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 07 / 2014 M M / D D / 01/01/2016 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4217**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANDREW WHALLON	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 CANAL AVE	

City	State	ZIP Code
LONG BEACH	CA	90810

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 13 / 2014	01/01/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	3000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4218**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANDREW WHALLON	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 CANAL AVE	

City	State	ZIP Code
LONG BEACH	CA	90810

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 24 / 2014	01/01/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	8500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4231**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ANDREW WHALLON** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1995 CANAL AVE
 City State ZIP Code
 LONG BEACH CA 90810

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS
 Date Incurred: M 07 / D 01 / Y 2014
 Date Due: M M / D D / Y 7/1/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4266**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANDREW WHALLON	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 CANAL AVE	

City	State	ZIP Code
LONG BEACH	CA	90810

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 12 / 2014	8/12/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	6000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4321

ANDY WHALLON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

ANDREW WHALLON

Primary

General

Other (specify) ▼

Mailing Address
1995 CANAL AVE

City State ZIP Code
LONG BEACH CA 90810

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

27

2014

8/27/2015

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 1000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4308**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ANDREW WHALLON** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1995 CANAL AVE

City State ZIP Code
LONG BEACH CA 90810

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
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TERMS

Date Incurred: M 09 / D 02 / Y 2014 Date Due: M / D / Y 9/2/2015 Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 3500.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANDY WHALLON FOR CONGRESS** Transaction ID : **SC/10.4309**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANDREW WHALLON	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 CANAL AVE		

City	State	ZIP Code
LONG BEACH	CA	90810

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 12 / 2014	9/12/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	48000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.